

# Town Of East Hampton

## Waiver of Liability

**PLEASE FILL IN ALL INFORMATION BELOW!!!!!!!**

As parent/guardian for \_\_\_\_\_.  
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

### **VERY IMPORTANT TO WRITE & PRINT CLEARLY**

#### **Names of children:**

Sex: ___ Male	Sex: ___ Male	Sex: ___ Male	Sex: ___ Male
___ Female	___ Female	___ Female	___ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

**Address:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Parent's E-mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name PRINTED:** \_\_\_\_\_